


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P10863 1. Entity Name GULF SOUTH CENTER CONDOMINIUM NO. FOUR INVESTMENT N.V.		
Principal Place of Business 11811 NORTH FREEWAY SUITE 300 HOUSTON, TX 77060 US	Mailing Address 11811 NORTH FREEWAY SUITE 300 HOUSTON, TX 77060 US	
DO NOT WRITE IN THIS SPACE		



04052006 No Chg-P CR2E034 (11/05)

4. FEI Number 98-0086489 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000520388 05/02/06-80091-019 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUSCA, FAUSTO VIAG B Pioda 14 LUGANO, SWITZERLAND,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERSON, TRUST (CURACAO) 6 JOHN B. GORSIRAWEG CURACAO, NA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M TOMBARI, MICHAEL G. 11811 NORTH FREEWAY #300 HOUSTON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M HATFIELD, KENNETH L. 11811 NORTH FREEWAY #300 HOUSTON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *MICHAEL G. TOMBARI*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/06

Date

281 820 0747

Daytime Phone #